

SERFF Tracking Number: PHXN-125796495 State: Arkansas  
Filing Company: American Hallmark Insurance Company of Texas State Tracking Number: # \$50  
Company Tracking Number: AR-HO102008-FE  
TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners  
Product Name: Homeowners  
Project Name/Number: New Homeowners Endorsement/AR-HO102008-FE

## Filing at a Glance

Company: American Hallmark Insurance Company of Texas

Product Name: Homeowners

TOI: 04.0 Homeowners

Sub-TOI: 04.0004 Tenant Homeowners

Filing Type: Form

SERFF Tr Num: PHXN-125796495 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-HO102008-FE

Co Status:

Author: Chris Tsakiris

Date Submitted: 10/10/2008

State Tr Num: # \$50

State Status: Fees verified

Reviewer(s): Becky Harrington,  
Betty Montesi, Brittany Yielding

Disposition Date: 10/10/2008

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

## General Information

Project Name: New Homeowners Endorsement

Project Number: AR-HO102008-FE

Reference Organization:

Reference Title:

Filing Status Changed: 10/10/2008

State Status Changed: 10/10/2008

Corresponding Filing Tracking Number:

Filing Description:

American Hallmark Insurance Company of Texas is submitting a Forcible Entry Theft Endorsement for use with our HO-4 (Renters) Policy.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Ron Temposky, Product Manager  
14651 Dallas Parkway

rtemposky@phoenixautoins.com  
(972) 866-5742 [Phone]

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Dallas, TX 75254 (972) 788-0520[FAX]

**Filing Company Information**

American Hallmark Insurance Company of Texas CoCode: 43494 State of Domicile: Texas

14651 Dallas Parkway Group Code: 3478 Company Type: Property & Casualty

Suite 400

Dallas, TX 75254 Group Name: Hallmark Insurance State ID Number:

(972) 934-2400 ext. 5762[Phone] Group

FEIN Number: 75-1817901

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*SERFF Tracking Number:*      *PHXN-125796495*      *State:*      *Arkansas*  
*Filing Company:*      *American Hallmark Insurance Company of Texas* *State Tracking Number:*      *# \$50*  
*Company Tracking Number:*      *AR-HO102008-FE*  
*TOI:*      *04.0 Homeowners*      *Sub-TOI:*      *04.0004 Tenant Homeowners*  
*Product Name:*      *Homeowners*  
*Project Name/Number:*      *New Homeowners Endorsement/AR-HO102008-FE*

## **Filing Fees**

**Fee Required?**      **No**  
**Retaliatory?**      **No**  
**Fee Explanation:**  
**Per Company:**      **No**

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## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Becky Harrington | 10/10/2008 | 10/10/2008     |

*SERFF Tracking Number:*      *PHXN-125796495*      *State:*      *Arkansas*  
*Filing Company:*      *American Hallmark Insurance Company of Texas* *State Tracking Number:*      *# \$50*  
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*TOI:*      *04.0 Homeowners*      *Sub-TOI:*      *04.0004 Tenant Homeowners*  
*Product Name:*      *Homeowners*  
*Project Name/Number:*      *New Homeowners Endorsement/AR-HO102008-FE*

## **Disposition**

Disposition Date: 10/10/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHXN-125796495 State: Arkansas

Filing Company: American Hallmark Insurance Company of Texas State Tracking Number: # \$50

Company Tracking Number: AR-HO102008-FE

TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners

Product Name: Homeowners

Project Name/Number: New Homeowners Endorsement/AR-HO102008-FE

| Item Type           | Item Name  | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved    | Yes           |
| Form                | FORCIBLE ENTRY THEFT                             | Approved    | Yes           |
|                     | ENDORSEMENT                                      |             |               |
| Form                | TRAMPOLINE EXCLUSION                             | Approved    | Yes           |

SERFF Tracking Number: PHXN-125796495 State: Arkansas

Filing Company: American Hallmark Insurance Company of Texas State Tracking Number: # \$50

Company Tracking Number: AR-HO102008-FE

TOI: 04.0 Homeowners Sub-TOI: 04.0004 Tenant Homeowners

Product Name: Homeowners

Project Name/Number: New Homeowners Endorsement/AR-HO102008-FE

## Form Schedule

| Review Status | Form Name                        | Form #   | Edition Date | Form Type Action                 | Action Specific Data  | Readability | Attachment  |
|---------------|----------------------------------|----------|--------------|----------------------------------|---|-------------|---|
| Approved      | FORCIBLE ENTRY THEFT ENDORSEMENT | HIC 0004 | 08 08        | Endorsement/Amendment/Conditions | New   |             | HIC 0004 08-08-FORCIBLE ENTRY THEFT ENDORSEMENT.pdf |
| Approved      | TRAMPOLINE EXCLUSION             | HIC 0006 | 06 08        | Endorsement/Amendment/Conditions | Replaced Form #: NL HO02 11 07<br>Previous Filing #: PHXN-125686413 |             | HIC 0006 06-08-TRAMPOLINE EXCLUSION.pdf             |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **FORCIBLE ENTRY THEFT ENDORSEMENT**

### **SECTION 1 – PERILS INSURED AGAINST**

**Item 9. Theft** is deleted and replaced by the following:

#### **9. Theft – Forcible Entry**

- a.** This peril includes attempted theft, provided the loss is a result of forcible entry, and there is evidence of forcible entry and loss of property from a known place when it is likely that the property has been stolen.
- b.** This peril does not include loss caused by theft:
  - (1)** Committed by an "insured" ;
  - (2)** In or to a dwelling under construction, or of materials and supplies for use in the construction until the dwelling is finished and occupied;
  - (3)** From that part of a "residence premises" rented by an "insured" to someone other than another "insured" ; or
  - (4)** That occurs off the "residence premises" of:
    - (a)** Trailers, semitrailers and campers;
    - (b)** Watercraft of all types, and their furnishings, equipment and outboard engines or motors; or
    - (c)** Property while at any other residence owned by, rented to, or occupied by an "insured", except while an "insured" is temporarily living there. Property of an "insured" who is a student is covered while at the residence the student occupies to attend school as long as the student has been there at any time during the 60 days immediately before the loss.

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT  
CAREFULLY.**

## **TRAMPOLINE EXCLUSION**

Attached to and forming part of **Your** policy.

For the premium charged, the following **EXCLUSION** applies to all Coverages:

We do not pay for:

1. Any **bodily injury** or **property damage** arising out of any **occurrence** involving any trampoline owned by, or in the care, custody, or control of
  - a. the insured;
  - b. any member of the insured's family or household; or
  - c. any occupant and/or tenant.
2. Any other **loss** or expense arising out of any occurrence involving any trampoline owned by, or in the care, custody, or control of
  - a. the insured;
  - b. any member of the insured's family or household; or
  - c. any occupant and/or tenant.

In this form, **occupant** and/or **tenant** means one who occupies or temporarily possesses real property of the insured or who rents or leases real property from the insured.

All other provisions of this policy apply.

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*Project Name/Number:*      *New Homeowners Endorsement/AR-HO102008-FE*

## Supporting Document Schedules

|                         |  | <b>Review Status:</b> |            |
|-------------------------|--|-----------------------|------------|
| <b>Satisfied -Name:</b> | Uniform Transmittal Document-<br>Property & Casualty | Approved              | 10/10/2008 |

**Comments:**

**Attachment:**

AR HO FE.pdf

Effective March 1, 2007

## Property &amp; Casualty Transmittal Document

Reset Form

|   |  |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
|---|--|---------------------------------|--|-------------|--|-----------------|--|---------------------------------------|--|------------------------------|--|--------------|--|------------------|--|--------------------|--|--------------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use Only</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table> | a. Date the filing is received: |  | b. Analyst: |  | c. Disposition: |  | d. Date of disposition of the filing: |  | e. Effective date of filing: |  | New Business |  | Renewal Business |  | f. State Filing #: |  | g. SERFF Filing #: |  | h. Subject Codes |  |
| a. Date the filing is received:                 |  |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| b. Analyst:                                     |  |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| c. Disposition:                                 |  |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| d. Date of disposition of the filing:           |  |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| e. Effective date of filing:                    |  |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| New Business                                    |  |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| Renewal Business                                |  |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| f. State Filing #:                              |  |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| g. SERFF Filing #:                              |  |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| h. Subject Codes                                |  |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |

|           |  |                     |
|-----------|--|---------------------|
| <b>3.</b> | <b>Group Name</b>                            | <b>Group NAIC #</b> |
|           | American Hallmark Insurance Company of Texas | 3478-43494          |

| 4. | Company Name(s)                         | Domicile | NAIC #     | FEIN #     | State # |
|----|---|----------|------------|------------|---------|
|    | American Hallmark Insurance Co of Texas | TX       | 3478-43494 | 75-1817901 |         |
|    |   |          |            |            |         |
|    |   |          |            |            |         |
|    |   |          |            |            |         |
|    |   |          |            |            |         |
|    |   |          |            |            |         |


  

|           |                                |               |
|-----------|--------------------------------|---------------|
| <b>5.</b> | <b>Company Tracking Number</b> | HO-AR102008FE |
|-----------|--------------------------------|---------------|

| Contact Info of Filer(s) or Corporate Officer(s) [Include toll-free number] |   |                         |              |              |                           |
|---|---|-------------------------|--------------|--------------|---------------------------|
| 6.  | Name and address  | Title                   | Telephone #s | FAX #        | e-mail                    |
|   | Chris Tsakiris<br>14851 Dallas Parkway, Ste 400<br>Dallas, TX 75254 | Underwriting<br>Manager | 972-866-5761 | 800-876-6960 | ctsakiris@hallmarkgrp.com |
|   |   |                         |              |              |                           |

|           |                                       |  |
|-----------|---------------------------------------|--|
| <b>7.</b> | Signature of authorized filer         |  |
| <b>8.</b> | Please print name of authorized filer | Chris Tsakiris   |

| Filing Information (see General Instructions for descriptions of these fields)              |  |
|---|--|
| <b>9. Type of Insurance (TOI)</b>   | 04.0 Homeowners  |
| <b>10. Sub-Type of Insurance (Sub-TOI)</b>  | 04.0003 Owner Occupied Homeowners  |
| <b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b> |  |
| <b>12. Company Program Title (Marketing title)</b>  | Homeowners   |
| <b>13. Filing Type</b>  | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14. Effective Date(s) Requested</b>  | New: on approval      Renewal:   |
| <b>15. Reference Filing?</b>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>16. Reference Organization (If applicable)</b>   |  |
| <b>17. Reference Organization # &amp; Title</b>   |  |
| <b>18. Company's Date of Filing</b>   | 10/13/2008   |
| <b>19. Status of filing in domicile</b>   | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document—

|            |  |
|------------|--|
| <b>20.</b> | <b>This filing transmittal is part of Company Tracking #</b> HO-AR102008FE |
|------------|--|

|            |  |
|------------|--|
| <b>21.</b> | <b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

American Hallmark Insurance Company is submitting for your approval a Forcible Entry Theft Endorsement for use with our Renters policy and a minor formatting change to our Trampoline Exclusion.

[View Complete Filing Description](#)

|            |   |
|------------|---|
| <b>22.</b> | <b>Filing Fees</b> (Filer must provide check # and fee amount if applicable)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
|------------|---|

Check #:   
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PG TD-1 pg 2 of 2

Effective March 1, 2007

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

|    |  |                                |   |   |  |
|----|--|--------------------------------|---|---|--|
| 1. | This filing transmittal is part of Company Tracking #  |                                | HO-AR102008FE   |   |  |
| 2. | This filing corresponds to rate/rule filing number<br>(Company tracking number of rate/rule filing, if applicable) |                                |   |   |  |
| 3. | Form Name<br>/Description/Synopsis   | Form #<br>Include edition date | Replacement<br>Or<br>withdrawn?   | If replacement,<br>give form #<br>it replaces | Previous state<br>filing number,<br>if required by state |
| 01 | TRAMPOLINE<br>EXCLUSION  | HIC 0006 06 08                 | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | N HO02 11 07                                  |  |
| 02 | FORCIBLE ENTRY<br>THEFT ENDORSEMENT  | HIC 0004 08 08                 | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 03 |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 04 |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 05 |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 06 |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 07 |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 08 |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 09 |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 10 |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |

PC FFS-1

# ARKANSAS CERTIFICATE OF COMPLIANCE

*(You may print or type the information required by this form)*

FORM SELFCERT



I, Brookland Davis, President of \_\_\_\_\_  
*(Name)* *(Title of Authorized Officer)*

American Hallmark Insurance Company of Texas  
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

the company.

3. Pursuant to Ark. Code Ann. §23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against

Does this Certification apply to all the companies in this filing? (Yes or No) ► Yes

If "NO", to which companies does this Certification apply?

[illegible]

Company Tracking Number HO-AR072008F

Signature of Authorized Officer ►

Name of Authorized Officer ► Brookland Davis

Title of Authorized Officer ▶ President

Email address of Authorized Officer ▶ bdavis@hallmarkgrp.com

Telephone # of Authorized Officer ▶ 972-866-5728

Date ► 10/13/2008

*This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)*

AID PC SelfCert (4/30/03)